

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/28/02.

I. DISPUTE

Whether there should be additional reimbursement for an ESI for the date of service 05/21/01 in the amount of \$2,373.47.

II. RATIONALE

The medical documentation indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401 (a)(4) states ASCs, "shall be reimbursed at a fair and reasonable rate..."

The Respondent asserts in their methodology, that they have paid a fair and reasonable reimbursement based on statistical studies of national data performed by TMI. In this dispute, TMI took the CPT code used by the surgeon (20610) and applied its methodology to determine fair and reasonable. However, based on the UB-92 and corresponding EOB, charges were for a facility fee and do not identify the CPT code referenced by the TMI.

The requestor billed \$3,136.45 for the Ambulatory Surgical Center care; the respondent reimbursed \$762.98 leaving a balance of \$2,373.47. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The Requestor has submitted EOBs from other Carriers that do not reflect procedure codes of same or similar treatment as identified in this dispute.

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for Ambulatory Surgical care.

III. DECISION

The above Decision is hereby issued this 12th day of September 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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